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ANNUAL REPORT

1972 - 73

Alberta
HEALTH AND
SOCIAL DEVELOPMENT

EDMONTON, ALBERTA
January 21, 1974

TO HIS HONOR J. W. GRANT MacEWAN,
Lieutenant Governor

Sir:

I have the honor to present the third annual report of health and social development, which covers the fiscal year ending March 31, 1973.

NEIL CRAWFORD,
Minister

HEALTH AND SOCIAL DEVELOPMENT

ANNUAL REPORT

1972-1973

REPORT OF THE CHIEF DEPUTY MINISTER

TO: The Honorable Neil Crawford
Minister,
Health and Social Development:

It is a pleasure to present the third annual report of health and social development for the annual and fiscal year 1972.

The major emphasis of the divisions of mental health and of services for the handicapped was placed on developing comprehensive community-based services with a greater involvement of the private sector.

The Mental Health Act, 1972, was proclaimed in the fall sitting of the legislature. The Sexual Sterilization Act was repealed and the eugenics board disbanded.

In September, 1972, the Committee on Child Foster Care in Alberta presented its report. Many of the 19 recommendations have been acted upon including increased efforts to locate and maintain more stable foster homes and to make application of policies more flexible. Construction was commenced on a youth assessment centre in Grande Prairie to accommodate juvenile offenders and other young people of the Peace River country.

An independent firm conducted a survey and reported on the attitudes of Albertans toward public assistance. The survey followed distribution, by the department, of background information about public assistance.

The provincial board of health established regulations to protect workers from the hazards of exposure to lead and its compounds. Regulations were established concerning safe temperatures for perishable foods. The outbreak of animal rabies was brought under control through the excellent teamwork of personnel from federal, provincial, municipal, university and veterinary organizations.

Two new poison control centres were established in 1972 at High Level and Thorhild. Poisonings through sleeping pills and sedatives, primarily by those in the 14-20 age range, caused concern. The most frequent cause of death, in other circumstances, continued to be carbon monoxide in a combination of intentional and accidental inhalation.

During the latter stages of 1972, the department entered into a phase in its evolution which emphasized development of a form or organization which will enhance effectiveness of service delivery.

The extra effort, the special care and thoughtfulness to people, and the sense of commitment of the staff contributed much to program development in the department.

Bruce S. Rawson
Chief Deputy Minister

ADMINISTRATIVE PERSONNEL

MARCH 31, 1973

B. S. Rawson, Chief Deputy Minister
Dr. P. B. Rose, Deputy Minister of Institutions
D. W. Rogers, Deputy Minister of Services
M. L. Arcand, Director, Services for the Handicapped
Dr. C. P. Hellon, Acting Director of Mental Health
D. W. Strang, Director, Finance and Administrative Services
S. G. Coombs, Director, Personnel
A. S. Fitzsimmons, Director, Accounting
Dr. A. G. McLaren, Director, Emergency Health Services
A. G. Green, Administrator, General Services
R. W. Holmes, Director, Homes and Institutions
Dr. W. Watt, Director, Local Health Services
Dr. C. L. Pearson, Director, Medical Services
T. M. Johnston, Director, Metis Rehabilitation
J. R. Smith, Director, Preventive Social Services
W. L. Casselman, Director, Public Assistance
W. A. West, Director, Public Information
Dr. E. S. O. Smith, Director, Epidemiology
D. M. Stolee, Director, Social Development Services
R. G. Maxwell, Director, Regional Offices
Mrs. M. H. Griswold, Solicitor
K. T. Motherwell, Director, Citizen Appeal & Advisory Committees
Dr. C. R. May, Director, Industrial Health Services
Dr. P. L. Rentiers, Director, Social Hygiene
Dr. J. Ryder, Director, Tuberculosis Control
J. Colville, Director, Vital Statistics
Dr. J. M. X. Dixon, Director Provincial Laboratory of Public Health

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PROVINCIAL BOARD OF HEALTH

Thirteen changes in provincial board of health regulations were made this year, including two sets of new regulations, three complete revisions, seven amendments to existing regulations and one repeal of former legislation.

New Regulations Respecting the Protection of Workers from the Hazards of Exposure to Lead and Lead Compounds (Alberta Regulation 3/72 O.C. 4/72) details the respective responsibilities of employers and employees in industries using lead. It provides for medical examinations of employees to check lead levels and requires employers to post a code of practice approved by the board.

New Regulations Respecting Occupational Health (Alberta Regulation 298/72 O.C. 1522/72) gives complete procedures for dealing with occupational health matters. Provision is made for hazards to be brought to the attention of employers and also for follow-up of each case to ensure correction.

The revisions and amendments were made to clarify existing regulations; to cover gaps in them and to adjust administrative problems. These changes were to regulations affecting: housing, fluid milk standards, the keeping of livestock and poultry, restaurants, food and drink, refuse disposal, control of the sale of turtles, water supplies and the qualifications and licensing of embalmers.

Deadline for installation of refrigeration in vehicles which need temperature control for perishable food was deferred until Dec. 31, 1973.

The safe temperatures for perishable foods are now established at below 40 degrees or above 140 degrees fahrenheit. Another improvement in the food sanitation field was the requirement instituted this year that all food supplier premises must obtain annual permits from the local board of health.

There has been a great deal of work in which the provincial laboratory co-operated to determine and eliminate sources of pathogens in foods. With the co-operation of industry, Alberta is a leader in this field which has more promise for control of food-borne infection than the establishment of maximum levels of bacteria.

Much of each board meeting was spent on prevention of industrial disease. The problems included high noise levels, excessive dust concentrations, and inadequate protection for workers.

Several instances of municipalities operating refuse disposal sites contrary to regulations were reported. Some could only be called open dumps. Usually an expression of the Alberta board of health's concern brought results, but at the year's end stronger enforcement measures were being considered for some where remedial action had not taken place.

A number of instances were reported of persons who were suffering from, or suspected to be suffering from, tuberculosis and who refused treatment, thereby posing a threat to the health of others. After investigation the board ordered nine persons to hospitals or sanitoriums for examination or treatment. Fifteen such orders were issued the previous year.

Other matters considered by the Alberta board of health included enforcement of regulations in national parks, chlorination of water supplies obtained from dugouts, an illegal connection between a treated municipal water supply and an untreated supply, reports on sanitary surveys at summer resorts, supply of DDT for medical purposes, control of commercial organizations engaged in refuse disposal, an appeal on the suspension of a restaurant permit and the transmission of viral disease by mosquitos.

Dr. P. B. Rose, chairman of the board for 11 years, left his position as deputy minister at the end of September. Bruce Rawson, chief deputy minister, succeeded Dr. Rose as chairman. Dr. Rose will continue as a board member.

LOCAL HEALTH SERVICES

The division acts in an advisory capacity to local health boards and city health departments. Its staff provide consultant services to local health boards, medical officers of health, health units and the municipal nursing service.

The division is responsible for payment of fiscal grants to local health boards, for communicable disease prevention and control and for provision and distribution of vaccines and immunization products.

Paralytic Poliomyelitis

For the eighth consecutive year no definite or confirmed case of paralytic poliomyelitis was diagnosed as occurring within the province. Use of the poliovirus vaccine has been slowly declining in the province, and Albertans are being reminded of the need to maintain their immunity. There have been several small outbreaks on the continent in recent years, with one case reported in Canada in 1972.

Typhoid Fever

Two cases of typhoid fever and one typhoid fever carrier were reported in 1972. In February, a 24-year-old male left India, was ill on arrival in Calgary, and on hospital investigation was found to be suffering from typhoid fever. In May an eight-year-old treaty Indian was discovered to

have typhoid fever. Investigation revealed his father had contracted, and been treated for, typhoid fever seven years earlier in another part of the province. The father apparently still was carrying the infection.

Diptheria

Forty-eight cases of diptheria infections were diagnosed by combined clinical and laboratory findings. Follow-up examinations of family and school contacts brought to light 180 diptheria carriers. Although several were seriously ill, no deaths were recorded during 1972. The last death from diptheria in the province was in 1966.

The incidence and geographical distribution of diptheria throughout the province is almost identical to that reported the previous year. All cases, except one in central Alberta, occurred in northern areas. Similarly the great majority of diptheria carriers were found north of Edmonton. Registered Indians accounted for 23 of the 48 diptheria cases and 68 of the 180 diptheria carriers. Many of the remaining cases were Metis.

Many of the carriers have infected skin lesions and discharging suppurative ear infections. Social hygiene and socio-economic conditions, rather than the acute infectious upper respiratory disease of past decades, appear to be major concerns. Unfortunately there is also frequently a neglect or even avoidance of the diptheria immunization freely made available by the province.

Measles

The incidence of measles infection reached a record low in the province in 1972. Only 146 cases — and no deaths — were reported. It is hoped the measles immunization program, begun in 1966, is now effective to the point that future cyclical epidemics will be controlled.

Streptococcal Infections

The reported incidence of streptococcal infections (scarlet fever and streptococcal sore throat) reached a record high of 3,855 cases. The previous high of 2,581 cases was in 1971. Although no vaccines are available for immunization against this disease, it can be controlled through active antibiotic therapy and treatment of cases, carriers and contacts.

Infectious Hepatitis

The decline in reported cases of infectious hepatitis experienced in 1971, continued throughout 1972. A total of 1,040 cases were reported. On the other hand, the marked increase of cases of serum hepatitis reported in 1971 also continued in 1972, with a total of 59 cases reported.

The two diseases, infectious hepatitis and serum hepatitis are clinically related and sometimes difficult to differentiate, but the latter is frequently associated with self administration of narcotic and hallucinogenic drugs.

Its increase may be a partial indicator of the extent of drug abuse. Of the 59 cases of serum hepatitis, 50 of them occurred in Edmonton and Calgary. The cases of infectious hepatitis were widely and rather evenly spread throughout the province.

Rabies

The public health service continues to immunize against rabies all personnel employed in the provincial rabies control program. All cases of animal rabies with any human involvement are reported to the division to ensure proper post-exposure rabies treatment.

The excellent teamwork of the provincial central rabies control committee and of the federal, provincial, municipal, university and veterinary association personnel has achieved encouraging results in control of animal rabies.

Although a considerable number of positive rabid animals were reported in 1972, most positive infections were in bats. An extensive bat study is underway.

Leprosy

One new case of lepromatous leprosy was reported in early 1972. The 28-year-old male was an immigrant from India. Investigation revealed he had been treated in India for a skin condition (probably leprosy) 10 years before. The diagnosis was confirmed by laboratory skin biopsy, and the patient, who responded excellently to treatment, is now along with his contacts, under continuous surveillance.

Rocky Mountain Spotted Fever

The first case of Rocky Mountain Spotted Fever reported in the province in the last 10 years, occurred in 1972. The original illness and hospitalization occurred in 1971, but the diagnosis wasn't made until 1972, and confirmed by blood tests taken during another illness and hospitalization.

Rubella

The cyclical increase in the incidence of reported rubella cases — 3,188 cases in 1970 and 6,019 cases in 1971 — disappeared in 1972. Only 948 cases were reported.

Rubella infection tends to occur in periodic cycles or epidemic waves every six or seven years. The hazard for pregnant women who have no immunity is greater at this time. A selective rubella immunization program has been underway in the past three years to immunize young girls at age 12. If immunization can be extended to preschool and young school-age children, the rubella infection risk may also be reduced.

Salmonella Infections

In 1972, 436 cases of salmonella infection were reported, a decrease from 603 the previous year. It is hoped the decrease will be maintained by the measures taken by the provincial salmonella surveillance service.

The provincial board of health legislation, passed in 1970, prohibiting sale of certain species of turtles as household pets, has virtually eliminated certain types of salmonella infections in children.

Co-operation of industry through education, improved technology, better management of food handling, food preparation and food service practices have also reduced the incidence.

Many salmonella infections now seem to be spread from one person to another, and efforts are being made to further reduce this infection.

Immunization

The provincial government provides a large selection of vaccines, biologicals and sera for the immunization of Albertans. These are stocked at the provincial laboratory and distributed to physicians, hospitals and the public health service through health units, city health departments and the municipal nursing service.

Health Units

There are 25 health units, besides the Calgary and Edmonton health departments, providing preventive public health services to almost all the population of Alberta. In northern Alberta, some sparsely populated areas not served by organized health services, have been loosely grouped into one large service — the northern Alberta health service, operated directly by the department. This and the municipal nursing service provide basic public health services, as well as emergency and minor nursing treatments, for northern residents.

Public Health Nursing

Recruitment of nurses: Twelve new public health nursing positions were created in 1972 in various official agencies. As of Dec. 31, there were 378 public health nursing positions — 173 in health units, 98 in Edmonton, 89 in Calgary and 18 in the municipal nursing service.

Professional training grants: For the 1972-73 academic year, 15 applicants who plan to work as public health nurses received professional training grants to assist them with the final year of the post-basic degree program. Six of these were from the staff of the Edmonton health department.

Public health nursing programs: Emphasis was placed on developmental testing and early referral during visits to health units for public health nursing consultation and in-service education. The basic reference manual, The Infant and Preschool Child: A Guide for Public Health Nurses, was revised and published. The Manual of Related Health Services was completely revised and enlarged.

Family planning: After the 1972 national conference on family planning in Ottawa, increased interest was shown in the subject and several workshops, seminars and lectures were held. The provincial family planning co-ordinating committee was presented with 12 projects, mainly from health units, for submission to health and welfare, Canada, for funding. Thirteen seminars on family planning, attended by 507 people (mostly public health nurses) were held throughout the province with the co-operation of health and welfare, Canada.

Municipal nursing service: In December, 1972, 11 municipal nursing services were in operation with a staff of 17 nurses and three clerks. Service at Kinuso was interrupted for a few months when no nurse was available. And a staff shortage at Wabasca was a continuing problem.

Plans are going ahead to open a new service, staffed by two nurses at Fox Creek, which is located within the Grande Prairie health unit boundaries.

Dental Health Services

Twenty-three dental health preventive and educational programs were held in health units and the Edmonton and Calgary health departments.

The volunteer dentist program is a co-operative effort of Alberta, health and social development and the Alberta Dental Association. It is a means of making available dental treatment services on a private practice basis to isolated and rural areas. There were 150 clinic days in 1972.

A total of 36,019 bottles of fluoride drops and 19,964 bottles of fluoride tablets were made available to health units and the Calgary Health Department as part of the oral fluoride program.

The total population on communal fluoridation is 581,-153.

In the dental auxiliary bursary training program, 12 graduates of course 10, school of dental hygiene, University of Alberta, were placed with health units and city health departments for return-in-service commitments. There are 14 bursary students in course 11 due to graduate in June, 1973. There are 16 registrations for the course 12, two-year training program. They will graduate June, 1974.

Fourteen successful candidates were registered as registered dental technicians following the one-day written and practical examinations held on May 27 and Nov. 4. As of March 31, 1973 there were 96 registered dental technicians in Alberta.

Nutrition Services

The nutritionist provided consultative services for a number of persons during the year, including health unit staff, social workers, industrial nurses and public health personnel.

She visited and reported on the dietary departments of four provincial hospitals and gave detailed assistance to 21 other institutions. Quantity recipe cards, provided by the nutritionist's office, were revised and reprinted to meet the large number of requests. Help with menu planning and food purchasing for summer camps was given to 10 organizations.

The annual upgrading course for dietary personnel was organized and directed at the Southern Institute of Technology.

Therapeutic diets, prescribed by physicians for 294 people, were interpreted by the nutritionist and she provided information for teachers, students and the general public. As usual, she worked with economists from the department of agriculture in establishing the recommended food scales for social assistance. An active rapport was maintained with personnel in federal, provincial and several non-official agencies whose programs have a nutrition component.

Health Inspection Services

Working titles of those in health inspection services changed during 1972 to more clearly reflect duties and responsibilities now carried out. The chief public health inspector became director of health inspection services and the provincial public health inspectors became consultant public health inspectors.

Health inspection services assisted local health authorities with several problems in the health inspection field. Workshops and an in-service training program for public health inspectors were held to cover health aspects of the environment; proposed changes to regulations respecting food and drink, housing, nuisances and general sanitation, fluid milk standards and the Canadian Restaurant Association sanitation code.

There has been extensive activity related to disposal of solid refuse in landfills. As a result of activities of health inspection services and co-operating agencies, 52 approvals of preliminary outlines for landfill proposals were granted by the provincial board of health. Sixteen proposals advanced far enough in planning that permits to establish landfills could be issued.

The operation of many landfills leaves much to be desired. Although local health authorities are primarily responsible for supervision, provincial back-up was frequently necessary because of complaints from the public about such things as smoke, offensive odor or unsightliness. Consultant public health inspectors have usually been able to secure improvement.

It appears probable that a reasonable program for protection of perishable foods in transit can be worked out by representatives of the trucking industry, the department of highways and transport and consultant public health inspectors.

The Canadian Restaurant Association has progressed with its effort to produce a Canadian sanitation code for the food service industry. Health inspection services provided this province's input and at the year's end the document was ready for printing.

Alberta board of health regulations require registration of upholsterers' premises and the labelling of upholstered articles as a protection for the user. During the registration year, July 1, 1971 to June 30, 1972, 165 premises were registered, an increase from 147 the preceding year. Revenue from this was $4,125. One hundred and eighty inspections were made in respect to registration and labelling.

Under the direction of the provincial board of health, health inspection services was involved in assembling information and in drafting regulations and amendments to existing regulations. These referred to recreational camps, holiday trailer parks, protection of perishable foods in transit, bacterial standards for fluid milk and control of public health nuisances.

Health inspection services co-operated with the departments of manpower and labour and environment in surveys at summer resorts at Lake Wabamun, Pigeon Lake and Cooking Lake. The visits to 2,150 properties in 40 summer village and resort areas revealed only a small number of defective disposal systems which might cause pollution.

An information booth was manned at the Canadian Restaurant Association convention. Health inspection services also administered the cemetery licensing program and

advised and assisted health unit inspectors.

SOCIAL HYGIENE

The division of social hygiene faced a heavier caseload this year, demonstrating once more the growing public awareness of the services provided by the division and also the need for routine examinations.

There was a changeover this year from the non-specific Kolmer (Wasserman) to much more satisfactory and specific blood tests for syphilis. These are the FTA/abs and the MHA-TP. Because of their specifity and longevity these tests allow not only more adequate and rapid diagnosis of new disease, but also allow definitive diagnosis in retrospect. This is because they remain persistently positive even after treatment with antibiotics — an important breakthrough in venereal disease control.

During 1972 there was a slight increase (16 cases) in syphilis and a very appreciable one (1,036 cases) in confirmed gonorrhea.

The greater number of syphilis cases may be attributed to homosexual activity and the availability of new specific tests. Homosexuals account for an estimated 25 per cent of the increase. The new tests previously mentioned definitely diagnosed older cases which were suspected but never proven. It is suspected the new tests will uncover more "missed" cases of this type.

The 22 per cent increase in proven gonorrhea was anticipated. Sixty-nine percent of this increase was due to improved reporting of cases by private physicians. It remains impossible to determine whether this is to be regarded as a true increase or a result of reporting only.

Of real concern is the greater ratio of both diseases appearing in the young age group. Sixteen per cent of early syphilis and 25 per cent of gonorrhea was found in the 19 and under group.

DIVISION OF MEDICAL SERVICES

Emergency Health Services

Emergency health services continued to develop plans in case of disaster, to train medical and associate medical persons in community emergency health programs and to familiarize key persons with activitation procedures for the pre-positioned emergency units.

Health annexes to four emergency government area plans were approved. Five more were completed and wait approval.

A casualty handling response plan was drafted. It will eventually be incorporated in a major air crash plan, which is being formulated for the Edmonton area.

Four active treatment hospitals completed disaster plans, exercised them and had them approved. Twelve existing plans were reviewed, with improvements noted in all cases. Only 12 of the 122 active treatment hospitals do not have exercised, approved hospital disaster plans. Fourteen of the 30 auxiliary hospitals have exercised, approved plans.

The active treatment hospitals which have completed and successfully exercised their disaster plans were issued 323 hospital disaster kits.

Emergency health services staff, at the request of the Saskatchewan emergency health services, participated in a multi-state exercise called MECCA. This included observing the Providence and Union Hospital plans in Moose Jaw and supervising a familiarization program with the staff of those hospitals and the 200-bed emergency hospital. More than 500 persons received training or were conducted through the assembled hospital equipment.

Special Handicapped Children's Program

At the Multiple Handicapped Children's Unit, Glenrose Provincial Hospital, Edmonton, 1,382 patients were examined. The Juvenile Amputee Clinics at Edmonton and Calgary reported a total of 291 new patients.

Responsibilities, authorized in October, 1963, for six children with phocomelic defects, presumably due to thalidomide, were continued.

Registry for Handicapped Children and Adults

The registry continues to participate on the federal congenital anomalies surveillance program. Several special investigations are by-products of this program. A three-year investigation of reduction deformities in limbs was concluded and studies were conducted regarding the use of anti-smoking compounds, the presence of congenital scalp lesions and the use of imipramine in early pregnancy.

During 1972, 3,733 new cases were registered bringing the total to 31,059, with an average of 311 new cases a month.

Cystic Fibrosis Program

Ninety-four children suffering from cystic fibrosis received free drugs during the past year, under the program begun in May, 1964 because of the high cost of the life-saving drugs.

Diabetic Treatment Program

Insulin was provided without charge to diabetics resident in Alberta as it has been since 1927. Treatment is provided through a means test upon application by the patient through his or her physician.

The numbers using these drugs are: insulin - 287; tolbutamide - 211; phenformin - 75; chlorpropamide - 49, making a total of 622.

Phenylketonuria Program

Phenylketonuria, a congenital defect found in a small percentage of newborn infants, results in mental defects if not treated early with special dietary preparations. These preparations were provided, free of charge, to eight patients during the last year.

Rheumatic Fever Program

This program provides free penicillin to children under 18 who have rheumatic fever. In 1972, 13 patients were receiving triple sulpha, while 1,035 were receiving penicillin. There were a total of 126 new applications and follow-up supplies were given to 2,560.

Emergency Air Ambulance

The emergency service provided 158 flights during 1972, and transported 181 patients, 97 of whom were adults and 84 of whom were children.

Poliomyelitis Treatment Program

As of Dec. 31, 1972 there were 3,895 registered poliomyelitis patients, an increase of seven during the year.

Treatment Services for Social Service Recipients

The activities relating to dental service and optical services were transferred to public assistance.

School for Nursing Aides

The Calgary school was relocated in the Alberta Vocational Center, 332 - 6 Ave. S.E. Although the demand for nursing aides is increasing, the number of graduates in 1972 totalled 444, compared with 492 the previous year.

Registry for Nursing Aides

As of Dec. 31, 1972, a total of 9,841 nursing aides had been certified, including persons certified under Section 18 (b) and Section 19 of the nursing aid regulations.

Health Careers Recruitment Program

The primary function is the dissemination of vocational guidance information on health career programs in Alberta and an estimated 152,204 individuals were given such information during the past year.

Approximately 52,000 booklets were distributed to schools, hospitals, community organizations and students; 156 films were viewed by about 1,803 of these persons and 17,380 saw the slides used in 18 health career projects.

Displays were on view at 12 career fairs and also in various vocational guidance projects.

Laboratory and X-ray School

Of the 32 students who began in the 1972-73 class, 23 were available for the rural hospital field at the completion of classes in May.

Placements were made on the basis of the most urgent need and six hospitals, where other staff was available at the time, were left unsatisfied.

The class of 1973-74 will be the 20th year of the school's operation.

Northern Alberta Health Services

Monthly visits were made by the public health inspector to all the settlements in this vast area and the medical officer also made his annual trip to all these centres. A total of 470 inspections were made in 1972. One hundred and ninety-three water samples were lifted and 208 swab tests were made in restaurants.

Cerebral Palsy Clinic

Effective April 1, 1972, the Cerebral Palsy Clinic was transferred to the administration of Alberta Children's Hospital, Calgary.

Poison Control Service

A total of 5,152 poisonings were reported in 1972, including 159 deaths. Of these, 2,344 were males including 98 deaths, and 2,649 were females with 61 deaths.

The figures continue the upward trend, continuous since the inception of the registry. This reflects not only increased population, but also the increase in the number of poison treatment centres and a growing tendency of the public to make use of these facilities.

Two new centres were opened during 1972 — one at High Level and the other at Thorhild.

For the first time, aspirin poisonings were not at the top of the list, having taken second place to sedatives and sleeping pills. The latter are used mostly by young people in the 14-40 age range, with a large predominance of females

over males. This reflects the increasing incidence of attempted suicides. The most frequent cause of death remains carbon monoxide, in a combination of accidental and intentional inhalation.

Civil Service Nurse

The office of the civil service nurse was transferred to manpower and labor, effective April 1, 1972.

EPIDEMIOLOGY

The functions of epidemiology are:

(1) to assist other divisions of the department, and certain agencies related to the department, with the collection, processing and tabulation of statistical data pertinent to their programs;

(2) to assist these divisions and agencies with the design and conduct of epidemiological studies and to initiate and conduct its own epidemiological research;

(3) to assist other staff members of research and planning with the processing and analysis of research data.

During the year 1972-73, divisions and agencies which received assistance with specific programs included:

(1) medical services in relation to the registry for handicapped children and adults and (starting January 1973) the poison control program.

(2) mental health in relation to psychiatric admissions and separations;

(3) social hygiene in relation to reported cases of venereal disease;

(4) local health services in relation to reported cases of other notifiable diseases;

(5) vital statistics in relation to the registration of births, stillbirths, marriages and deaths.

(6) the provincial cancer hospitals board in relation to all new registrants at cancer clinics.

During the year under review the division has had a primary role in three research projects funded by national health grants, namely:

(1) an evaluation of the health effects of air pollution in Alberta (in collaboration with the department of community medicine, University of Alberta);

(2) an epidemiological study of congenital reduction deformities of the limbs (in collaboration with British Columbia);

(3) a study of the effect of rubella vaccination on the incidence of congenital anomalies (which started in September 1972).

The division has also provided assistance for several other research projects, particularly those in the area of social development, initiated within research and planning.

TUBERCULOSIS CONTROL

During 1972, there were 538 new cases of tuberculosis registered with the division. Of these, 349 were new active cases, and 37 with a history of previous treatment were classified as re-activated.

In 1971, our new active cases numbered 308. The increase reported in 1972 can be attributed to localized outbreaks, one of which accounted for 25 new cases in an area where only one new case was discovered in the previous year.

Of our new cases, 98 were Registered Indians, 67 Metis, 44 were from Calgary, and 82 from Edmonton. These four sources account for 83% of our new active cases, and this is a pointer as to where we must accent our case-finding efforts.

The chemoprophylaxis program has expanded and at the end of 1972, we had 1,400 cases on this treatment. The objective is to treat the individual who is at risk and thereby prevent the development of active disease.

Treatment Services

In-patient treatment services in the north have been provided by Aberhart Hospital, the tuberculosis section of University of Alberta Hospital.

In the southern half of the province, Baker Memorial Sanatorium has provided in-patient treatment.

Out-patient services are provided by the divisional office in the north and Baker Memorial Sanatorium in the south.

With the shift to more out-patient treatment and only limited hospitalization, expansion of out-patient services has taken place with the initiation of clinics at Fort McMurray and Fort Chipewyan. Regular clinics, with a physician in attendance, are held at 20 different sites throughout the province, in addition to the daily clinics operating in Calgary and Edmonton.

MENTAL HEALTH SERVICES

The past year saw mental health services place major emphasis on the development of comprehensive community-based mental health services. This was done by the addition of professional staff and resources, and by redeploying of personnel from the two large institutions. There was greater involvement in mental health programs by the private sector.

In the two large institutions new leadership has been established, both psychiatric and managerial. Of the 134 new and redeployed positions, designed to strengthen the mental health program, only 22 were vacant at the end of the year. Services have been substantially expanded into the rural areas with plans for the opening of a mental health office in St. Paul in the summer of 1973. A community services unit is planned for the former nurses' residence at Edmonton General Hospital. Its expected opening date is the first week in March, 1973. A similar unit is planned for the Red Deer region.

The policy of de-emphasis of the major isolation institution has resulted in a continued reduction in patients at Alberta Hospital, Edmonton and Ponoka.

With the exception of two staff, central office staff have been completely replaced. Review and tightening of management systems at the hospitals has resulted in major efficiency and cost saving.

A new provincial bursary program for psychiatrists, psychologists, psychiatric social workers and nurses has been established to enhance long term development of mental health services staff. Research projects have been continued with increased support. Continued financial support through grants has been provided to private agencies and organizations who provide services to the mentally ill.

In southern Alberta a pilot project (Community Resources Centre) has been initiated whereby mental health services function in close co-operation with other health and social agencies.

The Mental Health Act, 1972, was proclaimed in the fall sitting of the legislature and it is expected that regulations under the act will be put before the legislature in the spring, 1973 sitting. In 1972, the Sexual Sterilization Act was repealed and the eugenics board disbanded.

INDUSTRIAL HEALTH SERVICES

Throughout 1972, the division continued its program of identifying, evaluating and supervising the remedying of occupational (biological) health hazards in Alberta's growing industries. There were continued difficulties in obtaining suitably qualified staff within the limitations of administrative systems.

One of the major needs is for inspection and follow-up staff in order that the technical staff may be deployed and employed economically. This need increases with the establishment of occupational health "standards" with a requirement for inspection follow-up and enforcement. On the average each survey generates two inspection visits in the first year and one annual visit thereafter. The addition of an inspector to the division's staff has slightly improved the situation on a temporary basis and it is hoped that by the end of 1973 some co-ordinated exercise between the division, Workmen's Compensation Board and the department of labour will materialize and eliminate the overlap, confusion and conflict engendered by the proliferation over the years of various departmental inspectorate agencies.

The technological staff was reduced by one hygienist during the year, while D. E. Gibson was absent on educational leave. He obtained his M.Sc. (Industrial Hygiene) with distinction from London University. This brings the level of graduate hygienists to three. Although this is more than other provinces have, their effectiveness is limited by the lack of support staff.

There still exists a need for in-plant services with trained personnel to deal directly with the needs of industry. Since no such training facilities exist, an attempt to set up a certificate course with the co-operation of Mount Royal College was made. The interest was initially great, the final response poor and the course failed through lack of support in sufficient numbers.

Further in the educational field, a need for audiometric technicians was anticipated in 1971 and a certificate course was established through the Glenrose Hospital department of speech pathology and audiology. This should produce some 50 certified persons by early 1973 and these will be available within industry to deal with the statutory requirements of provincial board of health noise regulations (applying to about 20,000 workers).

An outstanding problem still awaits solution. A large number of Alberta residents, because of their federal employment, do not come within the scope of noise, dust, lead and occupational health regulations, etc. These people are exposed in many cases to hazards identical with non-federal organizations over whom the Alberta board of health has jurisdiction. It is felt since the hazards are the same, the requirements for control should be equally applicable, particularly since health is a matter for provincial concern.

Industrial Hygiene

The intensive efforts to improve areas in which there is a lead hazard have been successful and in 1972, of the 250

persons monitored, only 40 exhibited high lead levels and only one case of severe intoxication was reported. Codes of practice are now established in nearly all the areas of risk. Five laboratories have been approved for technical services (biochemical) to industry.

Attempts to bring adequate programs for the supervision of persons exposed to fibrogenic dust, workers in mines, quarries, foundries and insulation, etc. have been less successful. This is due almost entirely to the lack of staff to survey, inspect and follow up the basic programs. However, more than 500 certificates regarding the completion of health requirements were issued. And as a result of discussions with unions there is now greater co-operation over the greatest risk (asbestos) which applies to insulation workers.

This is undoubtedly the greatest single hazard widely distributed throughout the work force. Of 106 companies, 86 were required to set up hearing conservation programs. Fifty-six of these are operating successfully and in some the program has been extended to their out-of-province operations using the Alberta standards.

Regulations of a general nature have long been needed to produce a basis for a systematic approach to occupational health problems. These came into effect during 1972 and there is now a clearly defined order of: (1) advice on standards to be met; (2) notification of failure to meet the standards and requirement for action; (3) compliance order to be met within a time period; (4) reference for court action. Standards are set through the Alberta board of health and the division conducts the exercise up to the point of compliance order issued by the board.

The industrial hygiene section has a continuing concern about a great variety of occupational hazards, including chemical hazards, hazards of drycleaning plants (one fatality in 1972) and agricultural chemicals. A great deal of the work has had to be covered by enforcement of standards, surveying only where there was high priority. Some industries have carried out their own surveys (of a limited nature) under the general direction of this section. Some 300 requests have resulted in 210 meetings with the section being involved in 79 surveys. The backlog carried over into 1973 is 65 investigations not commenced.

Special surveys have confirmed the very real risk in ferrous foundries (silicosis) and the need for dust suppression and health monitoring. At the request of labor, surveys are nearing completion in respect to ozone hazard to projectionists; noise hazard to tavern workers (from bands), and asbestos hazard to insulation workers.

Laboratory Services

These include audiometry, biochemistry, physical measurements, special analytical procedures and health evaluation for certification purposes. These total some 4,200 cases involving over 6,000 separate exercises.

Radiation Health

This section continues with its program of monitoring, inspecting and reporting on matters related to federal responsibilities for radioactive materials. There is conflict over the ill-defined federal regulations which, while delegating the responsibility, do not permit (nor provide) positive measures for control and enforcement. The atomic energy control board regulations are under revision and it is possible that this situation will be remedied.

This section continues its radiation inspection program including x-ray facilities, laser operations, and commercial microwave ovens. In terms of the x-ray facilities there is considerable improvement over the picture of two years ago. In general, there is 30 per cent improvement over the previous year.

A major concern is the indication of steadily increasing use of x-rays. The impression confirms the experience of other provinces that radiography is becoming an increasingly-used diagnostic tool. There may shortly be a need for a "personal dose recording system" to be set up.

Other Services

There continues to be an increasing demand for committee participation, educational work — lectures, seminars and conferences on matters related to the division's operations. While staff accept that in the absence of any other agency to participate, this is a necessary item in the total program, the limit has now been reached and will shortly have to be lowered as departmental administrative demands reduce the time available for such participation.

PROVINCIAL LABORATORIES

In 1972 the number of specimens examined at the provincial laboratories of public health at Edmonton and Calgary was 706,830, an increase of 22,336 over the 1971 figure. An additional 65,844 specimens examined at the department of microbiology, University of Alberta Hospital, were covered financially by the provincial laboratory. Thus, the total of specimens examined in 1972 from provincial laboratory funds was 772,674.

At the Edmonton laboratory, a comprehensive service of diagnostic and public health microbiology and of histopathology was provided. The microbiology services undertaken included bacteriological, virological, mycological and parasitological examinations of specimens from patients

suffering from, suspected or suffering from, or in contact with, communicable disease; and the bacteriological examination of water and food samples. The pathology services include a heavy load of cytopathological examinations of cervical smears for early cancerous changes. The number of pathology specimens declined appreciably but the number of microbiological specimens significantly increased.

At the southern branch laboratory in Calgary, the space limits the range of services available and virological work is not performed. The workload increase was 13,437 (eight per cent), most of which was caused by additional microbiological specimens, although there was also a slight increase in pathology specimens.

Much needed space on the third floor of the Edmonton laboratory building was vacated by the university during the year and released for provincial laboratory use. It is now occupied by the water department, laboratories engaged in investigations of salmonella, diphtheria and gonococcal infection, and by additional glassware-washing facilities.

Among the new and improved techniques introduced in the bacteriology department in Edmonton during the year was the microhemogglutination test for syphilis (MHA-TP). After a period of evaluation, the results of which were published, the MHA-TP test was incorporated into the routine testing of blood for syphilis, replacing the time-honoured Kolmer complement-fixation test.

In the virology department, increasing use was made of the electron microscope and reports on specimens being cultured for viruses are now sent out significantly earlier than was previously possible. New techniques were introduced for the detection of hepatitis B antigen, an antigen associated with the causative agent of serum or type B hepatitis. During the year the laboratory also began conducting rubella antibody studies on all premarital blood specimens as part of a study being conducted by the division of epidemiology on the value of rubella vaccine in preventing congenital defects.

VITAL STATISTICS

The 1972 birth rate in Alberta was the lowest it has been in 10 years. Vital Statistics recorded 29,282 births for a rate of 17.7. In 1971 there were 30,544 births for a rate of 18.8. In 1963 the rate was 27.4. There were 38,467 births recorded that year.

In 1972 there were 12 maternal deaths; 515 infant deaths; 322 perinatal deaths and 3,517 illegitimate births.

The number of marriages recorded increased slightly from 15,614 and a rate of 9.6 during 1971, to 16,357 and a rate of 9.8 during 1972.

The rate of deaths remained steady at 6.5 for both the years 1971 and 1972. In 1972, 10,756 deaths were recorded, while 10,525 were recorded in 1971.

The federal census of June 1, 1971, established the population of the province as 1,627,870. The rates are based on this figure. The breakdown of population for census subdivisions can be found in the 1971-1972 health and social development annual report.

CHILD WELFARE BRANCH

Several significant changes and directions have occurred in child care services during the last year, some resulting from new legislation, and others reflecting the fluid value and social patterns in society.

A comprehensive, province-wide child abuse registry will be established to record all reported cases of child battering. The registry will assist in the detection and treatment of this serious social problem and will involve the public in the prevention and rehabilitation of child abuse and neglect situations.

Provision now exists for the director of child welfare to enter agreements with parents of mentally retarded children to provide whatever service is required to best meet the needs of their child. This, along with many other programs being planned by services for the handicapped, will greatly increase the quality of service to handicapped children in the province.

The total volume of children in care is dropping slightly, while the numbers of babies surrendered by unwed mothers and the numbers of children thus available for adoption has continued to decrease more rapidly. In 1972, some 717 babies were surrendered for adoption compared to 1,284 in 1970. This has resulted in a backlog of approved adopting homes and adopting parents are now waiting eight to twelve months for placement of an infant child.

The Committee on Child Foster Care in Alberta completed its study in September 1972 and presented 19 recommendations to the government. Many have already been acted upon including: a substantial increase in foster care rates; establishing specialized foster homes for difficult-to-place children; making policy more flexible in its application, and increasing efforts to locate and maintain more native foster homes.

The child welfare branch continues its efforts to reduce the numbers of children coming into care by stressing community involvement and the constructive use of preventive social services. For those children who do come into care, increasing emphasis is being placed on meeting their needs in

the shortest time feasible, close to home, and in settings which are as normal as possible.

HOMES AND INSTITUTIONS

All aspects of homes and institutions have continued to be very busy. The single men's hostels have had to house persons in overflow accommodation, particularly in Edmonton, because of the volume of men requiring assistance. There were some indications of a decrease in this at the year's end.

A total of 499 homes and institutions were licensed under the Welfare Homes Act as of March 31, 1973. An additional 116 facilities were being processed for licensing.

A new youth assessment centre is under construction in Grande Prairie and will be opened early in the new fiscal year. This facility will mainly accommodate juvenile offenders and acting-out youth of the Peace River country.

PUBLIC ASSISTANCE

A mail system for determining continuing eligibility for social allowance has proven to be very satisfactory. The information received in this mail system, introduced last year, is as accurate as that obtained from personal contacts with recipients.

Further developmental work was done this year on a system whereby initial applications may be completed by an applicant himself, and on a system to make increased use of the computer to maintain records and issue social allowances.

Citizens' appeal committees heard 120 applications. While most of the appeals related to decisions made in the issuing of social allowance, the committees made several recommendations that policy requirements be waived, and also that policy be changed. The committees have brought citizen's views into social allowance administration.

More than 8,000 social allowance recipients were placed in employment through the increasingly successful employment opportunities program. Assistance in training was given to 1,370 persons to help them become satisfactorily employed. Women with dependent children showed a marked determination to become self-supporting with the increased assistance of the program.

Three special investigators dealt with 431 complaints of irregularities. Of these, 67 were unfounded, 41 resulted in reduction or termination of assistance, 46 were recommended for recovery action, 30 were recommended for prosecution, the circumstances were reported and no action was necessary in 78 complaints, and 169 were still under investigation.

Administration of the Lesser Slave Lake Special Area Opportunity Corps continued to prepare disadvantaged and unemployed persons for employment. Increased industrial development in the area has made employment readily available. Up to the end of the year, 366 individuals had participated in the program, 186 obtained other full-time employment, 97 attended academic upgrading and vocational training, 42 terminated their participation and 41 remained active in work within the program.

During the year, information on the background of public assistance was distributed throughout the province and comments were invited. An independent firm conducted a survey and reported on Albertans' attitudes to public assistance.

MAINTENANCE AND RECOVERY

In this fiscal year the branch collected almost $2,500,000. This included collections from deserting and divorced husbands; fathers of children born out of wedlock; parents of children who were in care of the director of child welfare or being maintained through social allowance; refunds of overpayments, repayments of public assistance and other sources. The largest amount collected was from the deserting husbands, while the categories of maintenance from divorced husbands and the fathers of children born out of wedlock took second and third places respectively. Discontinuance of repayment agreements for house rental damage deposits reduced collections in this category by 50 per cent amounting to $50,000.

One and a half million dollars of the total collections went into the general revenue of the province to offset maintenance payments to the children in care and women recipients of social allowance. An additional $160,000 collected on refunds of overpayments and repayment of public assistance was likewise disbursed.

PREVENTIVE SOCIAL SERVICE

Preventive Social Service, as legislated uniquely in Alberta, is based on the philosophy of community motivation, commitment and involvement. Decisions are made at the municipal government level, which level has the option of establishing and operating services or giving financial support to community groups, organizations and agencies to carry out appropriate services. All services seem to be

shared approximately equally between the public and private service sectors.

The creation of the municipal director's office in the community has stimulated many volunteer and self-help groups. These activities do not require the input of public funds, but serve effectively to meet known social needs. Examples of these include thrift shops, information centres, family life education, solo-clubs and youth and senior citizen groups.

The number of participating municipalities is increasing steadily. It is now quite common to hear references to PSS. The first priority of this branch, therefore, is no longer educating people to what PSS really is, but is the actual design and implementation of programs. The skills of community organization are being practiced by municipal directors at a more and more sophisticated level.

One hundred and sixty-five funded projects are currently operating. To meet this increase of 23 more than the previous year the provincial budget was raised to $3,193,000. Coupled with the municipal 20 per cent share and revenue raised toward various projects, the gross total of expenditure now exceeds $4,800,000.

Support for day care programming continues to be a major area of service. This now accounts for 30.64 per cent of the budget.

METIS REHABILITATION

All colonies showed development during the past year, including the building of new homes, wiring of homes, cattle sharing, landbreaking, construction and improvement of pastures.

All local colony councils, with the exception of Caslan Colony, received approval for their Local Initiative Program (LIP) and Priority Employment Program (PEP) project submissions. Under these projects, community halls were completed at Paddle Prairie, Big Prairie and Elizabeth and one was started at Kikino. Community pastures were undertaken at Big Prairie, Gift Lake and East Prairie. Several smaller community projects came under LIP and PEP programs.

Settler-owned cattle increased by approximately six per cent to 1,963. The slowdown in rate of increase is attributed to a shortage in cattle fodder caused by land development not keeping pace with the increase in cattle numbers.

Head-Start programs were held on all colonies with adult upgrading classes conducted at Paddle Prairie and Big Prairie. The Big Prairie classes are still in operation under the direction of a qualified local settler.

Thirty-three new dwellings were constructed (on all colonies) and 70 housing units were wired and serviced for power.

Adverse harvesting conditions resulted in poor returns for colony farmers. Much of the crop was snowed under.

Total population on all colonies increased by six-and-a-half per cent to 3,222 persons. The number of high school and post secondary education students increased from 185 to 193, with the majority of the increase at the post secondary level.

EMERGENCY WELFARE SERVICES

Amendments were made during the year to survival plans affecting health and social development regional offices. Supervisors' instructions and guidelines are being approved by the department to enable regional office administrators to react in a uniform manner to peacetime disasters which may occur in their regions. A training program is being developed for regional office staff members.

Emergency welfare courses continued to be conducted at the Alberta Emergency Measures School. Extension courses were also held in 11 area/municipalities.

Three new emergency welfare services plans were completed and 14 amended. Sixty-nine area or municipal plans have been completed to date, with none of them being more than two years old.

Plans have also been completed for several welfare institutions. Four day-care centre plans have been completed for the Calgary social services department and three others are being developed.

The director of emergency welfare services went to Peace River to investigate spring flooding caused by ice-jams. The ice-jam broke within 12 hours and it was decided, after meetings with local officials, that no provincial assistance was required.

SERVICES FOR THE HANDICAPPED

A division of services for the handicapped was established in April, 1972, to emphasize the importance the government placed in developing additional services for handicapped persons in Alberta.

The division was made responsible for administering institutions for the mentally retarded in Red Deer and Calgary, and for establishing new services at the community level. This includes administering government grants to a

number of established community agencies which provide services for handicapped persons.

In addition to the central office staff, nine community services workers were recruited for employment in Edmonton, Calgary, Red Deer, Lethbridge, Medicine Hat and Grande Prairie. The workers are responsible for ensuring handicapped persons obtain services at the community level wherever possible, and for assisting communities in determining local needs and establishing necessary services. The workers are also an integral part of the government's commitment to return mentally retarded persons back to the community from the institution.

Institutions for the Mentally Retarded

The Centre for Care of the Mentally Handicapped was established in Edmonton on the site of the former Misericordia Hospital.

Several severely handicapped children were transferred to the new centre from Alberta School Hospital, Red Deer and others were admitted from the Edmonton area.

A review of programs at Alberta School Hospital and Deerhome in Red Deer led to proposals to change administrative structures and to develop more comprehensive rehabilitation programs. A firm of research and planning architects was engaged and given these objectives: to break down the traditional "institutional" operations; to integrate trainees with the community; to relieve over-crowding; to replace inadequate buildings and to renovate the remaining facilities so as to make them functional and compatible with rehabilitation and training programs.

On June 1, 1972 a new policy was implemented, relieving parents of those children under 18 who reside in institutions for the mentally retarded, of the responsibility for payment of fixed maintenance charges. The response from parents has been favorable and some voluntary maintenance payments are continuing, but revenues from this source are down.

Maintenance charges for retarded adults in institutions were reviewed and increased to $3 per day as of June 1, 1972, to correspond with charges in other government institutions.

Community Services for the Handicapped

On April 1, 1972 a new policy for assistance with capital and operational costs of sheltered workshops was established. This provides for capital grants of $900 per space, and operating grants of $3 per day for each person attending the workshop. Grants totalling $285,753 were made to community agencies for operation of workshops which have a total of 348 spaces for retarded adults.

Community residences for handicapped persons received operating grants of $173,486.

Expanded day programs for severely handicapped children are being developed in Calgary and Edmonton, in co-operation with existing agencies. A capital grant of $312,000 was given to the Providence Child Development Centre in Calgary and a $5,000 grant went to the Alberta Association for the Dependent Handicapped in Edmonton. Elsewhere in the province the integration of mentally handicapped children into existing day care and child development programs is being studied.

Services to the handicapped also has assumed responsibility for grants to some rehabilitation services previously funded under the social allowance program and to others which received treasury grants.

APPENDIX OF STATISTICS

INCIDENCE OF SOME OF THE MORE SERIOUS COMMUNICABLE DISEASES DURING 1972 — POPULATION: 1,660,000

Disease	Total Cases	Total Deaths	Mortality Rate per 100,000 of Population
Infectious hepatitis	1,040	1	0.06
Measles	146	0	0.0
Pertussis	105	1	0.06
Diphtheria	48	0	0.0
Poliomyelitis — paralytic	0	0	0.0
Scarlet Fever — Streptococcal sore throat	3,855	0	0.0
Typhoid fever	2	0	0.0

REPORTED CASES OF COMMUNICABLE DISEASES (EXCLUDING TUBERCULOSIS AND VENEREAL DISEASES) FOR 1972

Brucellosis	1
Diarrhoea of the newborn	5
Diphtheria	
a) cases	48
b) carriers	180
Dysentery	
a) amoebiasis cases	1
b) amoebiasis carriers	1
Dysentery — bacillary	141
Encephalitis infections	—
Food Poisoning	
a) salmonella infections	436
1) with food	62
2) without food	374
b) staphylococcal intoxication	—
c) unspecified	30
Hepatitis	
a) infectious	1040
b) serum	59
Leprosy	1
Malaria	—
Measles	146
Meningitis	
a) due to poliovirus	—
b) due to coxsackie virus	—
c) due to echo virus	—
d) unspecified	—
Meningococcal infections	16
Paratyphoid fever	—
Pertussis (whooping cough)	105
Poliomyelitis paralytic	—
Psittacosis	—
Puerperal pyrexia	—
Q. Fever	—
Rubella	948
Scarlet fever-streptococcal sore throat	3855
Tetanus	—
Trichinosis	—
Typhoid	
a) cases	2
b) carriers	1

SOCIAL HYGIENE —
ALLEGED SOURCES OF OR CONTACTS TO VENEREAL INFECTION
January 1 to December 31, 1972

	Reported Contacts with Sufficient Information for Investigation			Reported Cases of Venereal Infection with Insufficient or No Information concerning Contacts
	Number Reported	Number Located	Number No Action Taken	
TOTALS	7,131	5,772	679	2,306
Residential Status				
Alberta	6,732	5,569	607	
Non-Alberta	314	175	58	
Northwest Territories	35	16	9	
U.S.A.	50	12	5	
Agents Forwarding Information				
Private physicians	2,485	1,839	420	1,764
Armed Forces	47	35	0	28
Provincial clinics	4,312	3,720	256	514
Other provinces	287	178	3	0

EPIDEMIOLOGICAL INVESTIGATIONS CARRIED OUT BY DIVISION OF SOCIAL HYGIENE

Unit	Reported Contacts to Venereal Disease				Miscellaneous
	Processed	Investigated	No Action	Not Investigated Insufficient Information	
Edmonton Clinic	3,301	3,121		180	810
Calgary Clinic	3,042	2,721		321	507
Lethbridge Clinic	263	260		13	219
Mobile Clinic	756	756		0	1,920
Head Office	9,437	6,452	679	2,306	—

NEW CASES OF SYPHILIS AND GONORRHEA REPORTED IN ALBERTA — 1972

Total Number of New Cases of Venereal Disease Classified as to Sex and Age of Patient

	Under 1 yr.		1 - 4 years		5 - 9 years		10 - 14 years		15 - 19 years		20 - 24 years		25 - 29 years		30 - 39 years		40 - 59 years		60 & Over years		Age Not Stated		TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Gonorrhea (all forms)				4		6	9	23	624	677	1337	631	830	261	674	192	366	64	31	9	62	42	5,842
Syphilis — congenital		1	2								1												4
Syphilis — acquired primary									2	1	6		3		4		4						20
Syphilis — acquired secondary									1	2	4	1	2	1	2	1	2	1					17
Syphilis — acquired early latent							1	2	4	10	9	7	4	1	2	2	4	1		1			48
Syphilis — acquired late latent											1	1		4	6		8	11	7	3			41
Syphilis — acquired tertiary (neuro)																			1	1			2
Type undetermined												2	1	2		1	1	2	1			1	11
TOTALS		1	2	4		6	10	25	631	690	1358	642	840	269	688	196	385	79	40	14	62	43	5,985

Number of Cases of Syphilis	84 Male	59 Female
Number of Cases of Gonorrhea	3,933 Male	1,909 Female

TOTAL NUMBER OF CASES REPORTED BY VARIOUS CLINICS OF THE DIVISION OF SOCIAL HYGIENE

Sex	Syphilis	Gonorrhea	TOTALS
Male	44	2,328	2,372
Female	38	1,011	1,049
TOTALS	82	3,339	3,421
	Cases Reported by Doctors and Military Authorities		
Private Physicians	60	2,436	2,496
Armed Forces	1	67	68
TOTALS	61	2,503	2,564

SOURCE OF DISCOVERY OF NEW CASES OF TUBERCULOSIS

Of the 349 new active and 189 new inactive cases of tuberculosis, 63 active and 113 inactive were first seen through one of the out-patient clinics prior to establishing a diagnosis. The following table sets forth the source of discovery, giving credit to the program which actually prompted the investigation for tuberculosis, either by referral to the out-patient clinics or hospital admission.

	Total	1972 %	Active	% Active
Family doctor	167	31.2	132	37.8
Mobile units	35	6.5	14	4.0
Contacts	100	18.6	86	24.6
Public health nurses	2	.4	2	.6
Health & Welfare, Canada				
(a) D.V.A.	3	.6	1	.3
(b) Indian health services	25	4.6	12	3.4
(c) immigrants	49	9.1	2	.6
Previously diagnosed other provinces or countries	14	2.6	6	1.7
School surveys	4	.7	2	2.0
City hall X-ray units	43	8.0	7	2.0
Food handlers	4	.7	1	.3
Correctional institutions	5	.9	4	1.1
Provincial hospital laboratories	47	8.7	47	13.5
Mental hospitals	7	1.3	5	1.4
Miscellaneous surveys	1	.2	1	.3
Miscellaneous sources	2	.4	1	.3
Routine employment films	—	—	—	—
Information from family physicians	10	1.8	10	2.9
Routine follow-up examinations	18	3.3	17	4.9
Hospital admission films	2	.4	—	—
TOTAL	538		349	

TUBERCULOSIS

	1972
Total newly discovered cases	538
Of the above - inactive	189
active	349
Re-activated cases	37
Total active cases	386
New active cases by groups:	
Indians	98
Metis	67
Others	184
	349
New active case rate/100,000:	
Province of Alberta	21.4
Registered Indians	340.2
Metis	248.1
(10.7 — City of Calgary)	
(18.2 — City of Edmonton)	

MENTAL HEALTH SERVICES

Psychiatric Nursing Training Act

Granted certification	81
Eligible for certification	20
Graduates	54

Review Panel

Complaints to review panel	35
Certificates revoked	16

Alberta Guidance Clinics

Location	New Cases	Re-registered Cases	TOTAL
Calgary	649	829	1478
Edmonton	1193	460	1653
Grande Prairie	343	248	591
Peace River	214	64	278
Lethbridge	411	282	693
Medicine Hat	105	128	233
Red Deer	689	268	957
TOTAL	3604	2279	5883

ALBERTA HOSPITALS

	Edmonton	Ponoka	TOTAL
Admissions			
First admission	975	411	1,386
Re-admission	1,142	327	1,469
Transfers	6	1	7
TOTAL	2,123	739	2,862
Separations			
Direct discharge	1,195	568	1,763
Discharge from leave	906	119	1,025
Discharge from unauthorized leave	27	24	51
Deportation	0	3	3
Transfer out	6	8	14
Death	41	41	82
TOTAL	2,175	763	2,938
Suicides	1	0	1
Number of Patients in Residence			
Beginning of year	666	641	1,307
End of year	636	613	1,249
Staff Positions Occupied			
Beginning of year	809	731	1,540
End of year	797	667	1,464
Community Service Units			
Number of contacts	14,922	234*	

*Nov. 1 - Dec. 31, 1972.

PROVINCIAL LABORATORIES OF PUBLIC HEALTH

Specimens Examined in 1972

	Edmonton	Calgary
Diagnostic Bacteriology		
Nose and throat swabs	52,474	20,687
Faeces and rectal swabs	21,602	4,568
Urine	21,267	6,576
Sputum for tuberculosis	14,848	3,300
Other specimens for tuberculosis	6,857	1,108
Sputum for bacteria other than tubercle	7,877	1,615
Blood cultures	973	239
Genital specimens for gonorrhoea	38,195	20,953
Cultures referred for identification	2,463	162
Organisms typed by phage, etc.	4,371	—
Other specimens	14,402	15,370
Diagnostic Serology		
Blood for syphilis	187,095	55,194
Blood for enteric infections (Widal)	665	208
Blood for streptococcal antibodies	2,878	—
Other specimens	1,295	407
Diagnostic Parasitology		
Faeces for intestinal parasites	3,281	725
Vaginal specimens for trichomonas	26,927	10,529
Diagnostic Mycology		
Skin, hair, and nail specimens	2,252	—
Other specimens	2,458	4,657
Sanitary Bacteriology		
Water	19,509	8,596
Food, milk and cream	581	311
Environmental and other specimens	872	9
Diagnostic Virology		
Throat swabs for virus culture	1,067	—
Faeces for virus culture	618	—
Other specimens for culture	1,056	—
Blood for virus antibodies (excl. rubella)	3,013	—
Blood for rubella virus antibodies	7,362	—
Other specimens	766	—
Animal Inoculation		
Specimens for tuberculosis	316	477
Specimens for virus studies	753	—
Other specimens	20	22
Diagnostic Pathology		
Cervical smears	45,481	15,529
Fluids	580	292
Blood smears and bone marrows	68	601
Routine diagnostic histology	32,390	6,072
Routine autopsy histology	1,982	9
	528,614	178,216
University of Alberta Hospital bacteriology specimens	65,844	
TOTAL	772,674	

VITAL STATISTICS

Summary of Work Processed Under the Vital Statistics Act:

Births registered	29,282
Stillbirths registered	292
Marriages registered	16,357
Deaths registered	10,756
Certificates of birth issued	65,073
Certificates of marriage issued	27,046
Certificates of death issued	9,183
Searches - Public	950
gov't. depts., social agencies, etc.	6,297
Legal changes of name recorded	900
Legitimations	391
Delayed registrations of birth	967
Adoptions registered	3,314

Approximately 145 marriage licence issuers are located in the larger centres of the province. Their duties are to issue marriage licences in accordance with the provisions of The Marriage Act.

The following summary shows work processed under the provisions of The Marriage Act during the year 1972:

Marriage licences issued	16,712
Clergyman registered	2,812
Marriage commissioners registered	32
Legal Change of Name Act:	
Legal changes of name granted	784
Embalmers Regulations:	
Apprentice embalmers registered	8
Embalmers licensed	53

POPULATION BY AGE GROUP FOR ALBERTA, 1972

Ages	TOTAL
0 — 4	149,800
5 — 9	175,600
10 — 14	184,500
15 — 19	165,500
20 — 24	147,600
25 — 29	124,700
30 — 34	102,900
35 — 39	98,500
40 — 44	95,700
45 — 49	89,900
50 — 54	76,700
55 — 59	66,700
60 — 64	53,800
65 — 69	43,200
70 — 74	31,300
75 — 79	21,800
80 — 84	14,900
85 — 89	7,800
90+	3,000
TOTAL	1,653,900

CHILD WELFARE

Number of Children in Care March 31, 1973

Permanent wards	2,265
Temporary wards	1,713
Wards in adoptive homes	720
Temporary wards (juvenile delinquents)	387
Children in non-ward care	447
Out-of-province wards	188
	5,720
Children adjudged delinquent and on probation	1,334

Placement of Children

Free home	51
Boarding home	3,313
Treatment institutions	295
Correctional institutions	12
Receiving homes	238
Alberta School Hospital	106
Other institutions	132
Wards in adoptive homes	720
Runaways	84
Independent	20
Group homes	217
With relatives	69
Wards in parents' homes under supervision	463
	5,720

Children Coming into Care April 1, 1972 to March 31, 1973

Total number of children surrendered	678
Children made wards through court action	1,575
Temporary Wardships Extended	1,308
Temporary to Permanent Wardships	306
Total Number of Children Born Out of Wedlock	3,079

Adoptive Placement Etc. April 1, 1972 to March 31, 1973

Number of children in care placed in adoptive homes			940
Number of adoptions completed through district court			
Children in care			1,968
Application for adoption			
received	1,228	approved	1,100
not approved	141	deferred	19
cancelled	231		

These figures do not balance because of carry-over from the previous year.

Number of non-ward adoptions completed	1,173

Foster Homes

Foster Home applications approved April 1, 1972 to March 31, 1973	575
Average number of foster homes in use each month	2,874

HOMES AND INSTITUTIONS

Child and Adult Care Institutions Now Administered

Child Care	Capacity
Youth Development Centre, Edmonton, for juvenile offenders	81
Spruce Cliff Centre, Calgary, for juvenile offenders	18
Westfield, Edmonton, a diagnostic and treatment centre for children	84
Rosecrest Home, Edmonton, Infant receiving centre	58
Sifton House, Lethbridge, Children's receiving centre	29
Woodside Home, Edmonton, For unmarried mothers and infants	38
Group Homes, Edmonton and Calgary, For juvenile offenders and emotionally disturbed children. Total of 14 homes	(Approximate) 90

Adult Care	
Rosehaven, Camrose, Geriatric centre	350
Claresholm Care Centre, Claresholm Geriatric and rehabilitation centre	350
Raymond Home, Raymond, Geriatric centre, women only	70
Youngstown Home, Youngstown, Centre for aged unemployable males	52
Gunn Welfare Centre, Gunn, Centre for chronically unemployed and mental hospital releasees	118
Single Men's Hostel, Calgary, for transient men	275
Single Men's Hostel, Edmonton, for transient men	275
Hilltop House, Edmonton, Rehabilitation centre for women	21
Half Way House, Edmonton, For referrals from Alberta Alcoholism and Drug Abuse Commission (To be transferred to Alberta Alcoholism and Drug Abuse Commission, effective April 1st, 1973)	14

PUBLIC ASSISTANCE

Social Allowance Program - March 31, 1973

Family Units by Reason for Assistance

Children in home of guardian	703
Age	6,333
Ill health	7,211
One-Parent families	9,526
Employed insufficient income	428
Employment opportunities program	5,085
Unemployed employables	1,284
	30,570

Family Units by Age of Family Head (Excluding Children in Home of Guardian)

15 - 19 years	1,548
20 - 24 years	3,355
25 - 29 years	3,297
30 - 34 years	2,768
35 - 39 years	2,501
40 - 44 years	2,505
45 - 49 years	2,314
50 - 54 years	2,299
55 - 59 years	2,585
60 - 64 years	3,495
65 - 69 years	1,720
70 - 74 years	779
75 - 79 years	382
80 - 84 years	191
85 plus	128

Employment Opportunities Program April 1, 1972 to March 31, 1973

Placed in Employment	7,990
Total working at March 31, 1973	9,899
Placed in Training	1,373
Persons in Training March 31, 1973	528
Savings to Department in assistance payments during the fiscal year	$4,814,000

Pension Program	Recipients March 31, 1973
Blind persons' allowance	190
Disabled persons' allowance	1,281
Mothers' allowance	12
Disabled persons' pensions	95
Supplementary allowance	5,187
Supplementary H & M only	9,110

Municipal Public Assistance Caseload January to March 1973 Average

Edmonton	1,026
Calgary	1,516
Other cities	114
CITIES TOTAL	2,656
Towns	48
Villages	7
Counties	61
M.D.'s.	32
TOTAL	2,804

PREVENTIVE SOCIAL SERVICES

Allocated Provincial Costs by Projects 72/73

Day care, including capital costs	20 projects	$981,287.17	30.64%
Family service and counselling*	17 projects	556,413.77	17.37%
Directors and committees	26 projects	584,672.23	18.26%
Homemakers and homevisitors	12 projects	360,602.95	11.26%
Headstart (parent/child development)	40 projects	237,586.70	7.42%
Family life education	11 projects	102,353.07	3.20%
Drop-in centres (senior citizens)	13 projects	94,525.60	2.95%
Information and referral	4 projects	64,187.60	2.00%
Volunteer bureaus	3 projects	24,642.40	.77%
Family planning clinics	3 projects	34,479.60	1.08%
Meals on wheels	5 projects	37,386.26	1.17%
Other	11 projects	124,579.52	3.89%

*Grande Prairie and Medicine Hat projects include homemaker services.

Actual provincial costs for 1972/73 ..... $2,771,481.50

The allocated and actual costs do not balance as some projects were not approved or did not get underway until later in the fiscal year.

MAINTENANCE AND RECOVERY

Payments Received

Received from husbands of deserted and separated women	$1,153,546.13
Paid voluntarily by husbands to wives on social allowance	562,338.75
Received from putative fathers for children of unmarried parents (refunded to general revenue to offset social allowance issued — $250,288.21)	459,702.36
Refund of overpayments	108,376.28
Refund of repayment agreements	51,071.29
Received from parents of temporary wards	52,153.85
Received under custody by agreements	40,553.90
TOTAL	$2,427,742.56

Disbursements

Total paid into the general revenue fund of the province	$1,655,989.66
Total collections applied towards expenses of unmarried mothers and their children	209,414.15
Total paid by husbands directly to wives on social allowance reducing social allowance payments accordingly	562,338.75
TOTAL	$2,427,742.56

The number of investigation and collection accounts carried by the branch on March 31st, 1973 was:

March 31, 1973:	Number of Investigations	Number of Collections
Deserted wives - agreements and court orders	2,439	4,442
Refund, repayment, and maintenance agreements and orders	————	3,159
Children of unmarried parents agreements and court orders	2,524	2,537
Parents maintenance orders and custody by agreements	————	686
TOTAL	4,963	10,824
Missing persons service		1,091

On March 31, 1973, the two maintenance and recovery units, located in the cities of Edmonton and Calgary, carried a total caseload of 1,653 investigations and 1,901 collections. (These figures were included in the above table).

METIS REHABILITATION

Population of the eight Metis Colonies, March 31st, 1973.

Adults	1,472
School children Grade 1-8	972
School children Grade 9-12	179
Post-secondary	14
Pre-school children	585
TOTAL:	3,222
FAMILY UNITS	519

Earnings (all sources — estimated)

Lumber	$363,326.00
Fishing & Trapping	32,000.00
Farming	172,560.00
Others (labor projects, Winter Works, Earnings off Colonies	593,241.00

Sales from Stores operated by Branch

Paddle Prairie	$63,933.92
Gift Lake	49,857.18
Kikino	32,586.52
Fishing Lake	23,692.69
TOTAL:	$170,070.31

SERVICES FOR THE HANDICAPPED

Institutions for the Mentally Retarded as of March 31, 1973

	In-Residence Population	Admissions, Including Transfers and Re-admissions	Deaths	Discharges Including Transfers
Alberta School Hospital, Red Deer	836	163	9	172
Deerhome, Red Deer	1,219	65	12	25
Centre for the Care of the Mentally Handicapped, Edmonton	92	95	3	—
Baker Pediatric Unit, Calgary	138	17	7	15
Linden House, Red Deer	18	5	0	7

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